



# Changing Places

## Changing Places Toilet registration form for care providers and care establishments

This application should be completed with the details of the care provider or establishment requesting access to the Bromsgrove Changing Places Toilet. Please complete all sections that apply.

### Care provider / care establishment details :-

Name of the care provider or care establishment	
Name of main contact	
Address	
Main phone number	
Email address	

1. Please give the number of carers who will assist clients within the Changing Places Toilet		
2. Please give an approximate number of clients who will use Changing Places Toilet		
3. Have all your carers / care assistants received hoist training?		
Yes		No
4. Are all your carers / care assistants familiar with a changing bed?		
Yes		No
5. Have all your carers / care assistants received training in relation to cleaning the Changing Places Toilet after use?		
Yes		No
6. Please confirm that all clients who will be assisted meet the requirement that they weigh less than 200 kgs / 32 stone (maximum weight carried by the hoist)		
Yes		No
7. Please confirm that all clients will be assisted with an Oxford compatible sling.		
Yes		No

Bromsgrove District Council and/ or Padstone Day Centre will contact you to arrange training where applicable.

### Declaration

By signing this, you are agreeing that: -

- the correct details for access to the Changing Place Toilet have been given;
- a copy of the User Manual has been received, read and understood by all staff who will be accessing the Changing Places Toilet ;

- all those who will be using the Changing Places Toilet are aware of the emergency procedure, i.e. using the Bromsgrove Lifeline system or pendant if anyone is taken ill or injured;
- all those who will be using the Changing Places Toilet are fit and able to assist clients for whom your organisation is responsible when using Changing Places Toilet;
- all those who will be using the Changing Places Toilet are aware that carers are recommended to have received manual handling training;
- all those who will be using the Changing Places Toilet are aware that carers are recommended to carry a mobile phone with them when using the Changing Places Toilet
- all those who will be using the the Changing Places Toilet will ensure that the PIN code is kept secure and not shared with anyone else;
- the care provider/ establishment will update Bromsgrove District Council if any information provided here changes;
- the care provider/ establishment accept that this information will be held in paper files or on a computer database for the purposes of processing this application, records maintenance and the collection and analysis of statistical information by Bromsgrove District Council; and
- the care provider/ establishment will use the equipment provided by Bromsgrove District Council in accordance with the manufacturer's instructions as Bromsgrove District Council will accept no liability for any damage to property or injury to persons arising from a failure to adhere to such instructions when operating equipment.

Signed: _____	Date: _____
Position in organisation : _____	

This form has been issued by Bromsgrove District Council in partnership with Worcestershire County Council. The information provided will be treated in strict confidence and will only be shared between Councils and their service departments for assessment and training in the use of the equipment in the Changing Places toilet.

This form should be completed and returned to :-  
 Bromsgrove District Council  
 The Council House  
 Bromsgrove  
 Worcestershire B60 1AA  
 Telephone 01527 881288 for general enquiries.

For further information about toilet facilities in Bromsgrove Town Centre contact :-

Martin Ashcroft on the telephone number 01527 881306 or email on  
[m.ashcroft@bromsgrove.gov.uk](mailto:m.ashcroft@bromsgrove.gov.uk)

**We will contact you routinely once a year to check that the information we hold about you is correct and up to date and to ensure customer satisfaction.**

For office use only

	Date	Officer Initials
<b>Application Recorded by SS&amp;C</b>		
<b>PIN issued</b>		
<b>Form sent to Padstone</b>		
<b>Padstone carried out training</b>		